

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 7

-62-019899

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291

Primary Registration District No.

Registrar's No. 13

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/5910860
29310

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED JUN 5 1962

1. PLACE OF DEATH

a. COUNTY Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural---Union Twp.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Unionville, MissouriInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE New York b. COUNTY Monroe

c. CITY OR TOWN Rochester

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
78 Barons RoadReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Kenneth H. Berger4. DATE OF DEATH Month Day Year
May 22 19625. SEX
M6. COLOR OR RACE
W.7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/14/039. AGE (last birthday)
58IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
7 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Filer Chemist

10b. KIND OF BUSINESS OR INDUSTRY
Vanilla Lab. Inc.11. BIRTHPLACE (City and state or country)
Buffalo, New York12. CITIZEN OF WHAT COUNTRY
US

13a. FATHER'S NAME

Kenneth George Berger

13b. MOTHER'S MAIDEN NAME

Mary Melissa Howell

14. NAME OF HUSBAND OR WIFE

Winifred Berger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
78 Barons Road,
Winifred Berger, Rochester, N. Y.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple injuries

DUE TO (b) from plane crash

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of Continental Flight 11

20c. TIME OF INJURY
Hour Month, Day, Year
9:45 p.m. 5-22-6220d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
on farm20f. CITY, TOWN, OR LOCATION
Union Twp.COUNTY
PutnamSTATE
Mo.21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at 9:45 p.m. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/24/62

23a. BURIAL, CREMATION, OR
REMOVAL (Specify)

removal

23b. DATE

5-25-62

23c. NAME OF CEMETERY OR CREMATORY

Mount Hope Cemetery

23d. LOCATION (City, town, or county)

LeRoy, N. Y.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-25-62

26. REGISTRAR'S SIGNATURE

Marcell Durbin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm. K. Jackson

Licensed Embalmer No.

3954

P. O. Address

Kirkville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.